



Arkansas State Board of Pharmacy

Inspection Request Form

If your pharmacy is moving to a new location, please complete this form and send it to the Arkansas State Board of Pharmacy office at least two weeks before the desired inspection date.
(If you are opening a new pharmacy, complete a new pharmacy application.)

Inspection Fee: \$100.00

Store (Facility) Name			
Facility License No.			
Current Location (street, city, zip)			
New Location (street, city, zip)			
Mailing Address after Relocation			
Person with whom the Arkansas State Board of Pharmacy may communicate regarding this request			
Name		Telephone number where this individual can be reached	
Date the pharmacy will be open for inspection:			
Date for the planned opening of the pharmacy:			
<i>I hereby request that an inspector for the Arkansas Board of Pharmacy inspect my pharmacy. I certify that all the signs which indicate that the building is a pharmacy will be removed from the old pharmacy location as soon as the new pharmacy location is occupied if the change is from one location to another. (It is understood that signs will not be removed from buildings where the change of location of the pharmacy is within the same building.)</i>			
Signature of owner and/or Pharmacist in Charge:			
Date:			

**Mail this form and the application fee of \$100.00 to the Arkansas State Board of Pharmacy,
101 East Capitol, Suite 218, Little Rock, AR 72201. Phone: 501-682-0190**